		SUPPLEMENT ATTAC	0450			
ים פים	maad tor Basin,	PLACE OF STATES	CUED	•		
		2	ARIZ	ONA STATE I	B 0/	
		1. County of BU	REAU OF	VITAL STATISTIC	ng	
9		OPICINAL CERTIFICATE OF THE				
must be made for each,				itti i i i i i i i i i i i i i i i i i	RIFT	
		or .				
		City of No. (If birth occurr	oed in a hoer	oital or institution, gi		
		2. Full name of child the same of Report	rllnis			
	the number of each, in order of birth, stated.	3. Sex of To be answered 4. Twln, triplet of	r other	6. Legiti-	7. D	
		child ONLY in event of Juvalent births. 5. No., in order of	-	mate?	of bì	
		8. FATHER	1	14.		
		Full Walter Dodd Harris	2	Full maiden name	. 0.	
		9. Residence (Usual place of abode) If nonresident, give place and State	n	15. Residence (Usual place of the contestion)	of abo	
		10. Color or race White, 11. Age at last birthday	8 (Years)	16. Color or	t	
		12. Birthplace (city or place) Lavoia (State or country) N. Mesk.	(10213)	18. Birthplace (city	_	
**		13. Occupation In the same of		19. Occupation		
		Nature of Industry		Nature of Indus	try	
		20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.) (a) Born alive and now living				
		CERTIFICATE OF ATTENDING PHYSICIAN OR I hereby certify that I attended the birth of this child, who was a communicating				
		*When there was no attending physician or midwife, then the father, householder, Signatu	IF6	(Born slive or stillbo	m) 7.	
		(child is one that neither breathes nor)	s	Pin	n	

or	Local Registrar No7				
City of No.	St. Word)				
(if birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child the same of shill same of child	1 76 -1117				
	supplemental report, as directed				
3. Sex of Child ONLY in event of	6. Legiti- 7. Date				
June plural births. 5. No., in order of birth.	jes birth 29,30 (Month, day, year)				
8. FATHER	∥ ¹⁴₂ MOTHER				
rull names of the CO 11-7/	Full maiden () (A. A. A				
Walter Dodd Harris	name to like the total of the like the				
9. Residence	P 1 1				
(Usual place of abode)	15. Residence (Usual place of abode)				
If nonresident, give place and State	If nonresident, give place and State				
10. Color or	16. Color or				
(Years)	17. Age at last birthday. (Years)				
12. Birthplace (city or place)	18. Birthplace (city or place) fruefale				
(State or country) 7 . Here,	(State or country)				
13. Occupation In Man	19. Occupation				
Nature of Industry	Nature of Industry Handwiff				
20. Number of children of this mother					
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was from Alexat					
*When there was no attending physician or midwife, then the father, householder, Signature	Lottie M. Welder				
etc., should make this return. A stillborn >	(Phones or midwife)				
shows other evidence of life after birth. Address	Prudaly Way				
Given name added from a supplemental report	Det 4 1930 Ctaldogers.				
(Month, day, year)	Local Registrar,				
	, 19				
Registrar,	-929 - 233 County Registrar.				
	The transfer of the second of				

ARIZONA STATE BOARD OF HEALTH

State Index No...

Co. Registrar No.

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